

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M G		6/19/00
O.I.P.E. CLASSIFIER			6/23/00
FORMALITY REVIEW	LA	67390	8-2-00
RESPONSE FORMALITY REVIEW	Stet	67718	9/23/00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/19/05
2	3/19/05
3	3/19/05
4	3/19/05
5	3/19/05
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49	3/19/05
50	3/19/05

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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